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SECRETARY OF THE AIR FORCE**

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**Medical**

**MILITARY AND CIVILIAN CONSULTANT  
PROGRAMS AND MEDICAL ENLISTED  
CAREER FIELD MANAGER PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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(Karen R. Coleman)  
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(Col Carla Beechie)  
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This instruction implements AFPD 44-1, *Medical Operations*. It provides guidance for the Air Force Medical Service (AFMS) Military Consultant Program, The Civilian National Consultant (CNC) Program, and The Medical Enlisted Career Field Manager Program. It explains the selection process; describes consultant, HQ USAF/SG, MAJCOM/SG, and unit responsibilities; and identifies application, appointment, and recognition programs/procedures. Chapter 1 of this instruction applies to all personnel in the AFMS, including US Air Force Reserve and Air National Guard units. HQ AFMOA/SGOC must approve all supplements to this instruction. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels to HQ AFMOA/SGOC, 110 Luke Avenue, Room 400, Bolling AFB DC 20332-7050.

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**(AFSPC) This supplement implements and extends the guidance of Air Force Instruction (AFI) 44-104, *Military And Civilian Consultant Programs And Medical Enlisted Career Field Manager Program*, 1 August 1997. The AFI is published word-for-word without editorial review. Air Force Space Command (AFSPC) supplemental material is indicated in bold face. This supplement describes AFSPC's procedures for use in conjunction with the basic AFI. AFI 44-104, 1 August 1997, is supplemented as follows and applies to Headquarters Air Force Space Command (AFSPC) and its subordinate units, Air National Guard, and Air Force Reserve Command (AFRC) units. This supplement is not less restrictive nor does it contradict higher level guidance. Upon receipt of this integrated supplement discard the Air Force basic publication.**

## ***SUMMARY OF REVISIONS***

This revision describes the new selection process, consultant responsibilities, application and appointment procedures. It also includes information about the Medical Service Enlisted Career Field Manager (CFM) program to include program overview and objectives, selection/appointment process, recognition program, duties and responsibilities, delegation of duties, MAJCOM functional manager/SME appointment, and role of program OPR. A | indicates revisions from the previous edition.

### ***Section A—Program Objectives***

#### **1. Consultant Programs.**

- 1.1. Identify Air Force enlisted, officers, and civilians in the health care fields who are recognized authorities, outstanding educators, and advisors in their specialties.
- 1.2. Promote the Surgeon General's (SG) priorities and provide professional on-site observations and recommendations.
- 1.3. Provide specialty consultation, advice, academic stimulation, and scientific presentations to Air Force medical personnel.
- 1.4. Encourage communication between health care professionals for individual patient consultation, health care concerns, and standards of care.
- 1.5. Promote communication between civilian and sister service health care professionals regarding technical skill enhancement, training improvement, and training/operation planning and implementation.
- 1.6. Assist with planning, developing, and monitoring quality improvement (QI) programs throughout the AFMS.
- 1.7. Provide input for determining the future direction of each specialty.

#### **1.8. (Added-AFSPC) Augment the MAJCOM staff during staff visits.**

#### **2. Enlisted Career Field Manager Program.**

- 2.1. Objectives of the CFM program beyond those associated with the SG consultant program include:
  - 2.1.1. Implement and sustain the training initiatives pertaining to enlisted training, career field development, and enlisted career progression.
  - 2.1.2. Provide a cadre of senior enlisted professionals to assist the Surgeon General and the Surgeon General's Chief, Medical Enlisted Issues, in managing all matters pertaining to medical enlisted personnel.

### ***Section B—Responsibilities***

#### **3. HQ AFMOA/SGOC.**

- 3.1. Serves as the focal point for all consultant matters and maintains and monitors the consultant program.
- 3.2. Arranges for board action to add or delete specialties by AFSC and to select nominees for non corps specific consultants.
- 3.3. Receives and reviews consultant written reports and recommendations and coordinates reports with other SGO Directorates as needed.
- 3.4. Produces and distributes consultant lists.
- 3.5. Organizes military consultant conferences such as Clinical Systems Program Assessment Review (CSPAR).
- 3.6. Ensures that consultants receive appropriate recognition when they complete an appointed term.

#### **4. HQ USAF/SGWP Chief, Medical Enlisted Board Programs.**

- 4.1. Acts as OPR for the active duty Medical Enlisted CFM program.
- 4.2. Provides CFM liaison and communication link to the Surgeon General's Office, other Air Staff agencies, and HQ AFPC.
- 4.3. Assists CFMs with resolution of issues/constraints associated with implementing training program changes for their respective specialties.
- 4.4. Assists the CFMs with coordination/approval of career field classification changes.
- 4.5. Coordinates individual training waiver requests through appropriate HQ USAF/DP and HQ AFPC agencies.
- 4.6. Represents absent CFMs at quarterly CFM meetings conducted by HQ USAF/DPPE and reports outcomes of the meetings to all CFMs and medical training groups.
- 4.7. Provides periodic AFSC-specific staffing, demographic, and personnel data updates to all CFMs.
- 4.8. Provides updates on important AFMS policies, programs, and procedures through publication of a periodic newsletter and distribution of informational documents.
- 4.9. Coordinates, arranges funding, and conducts annual Medical Enlisted CFM meetings.
- 4.10. Coordinates AFSC manpower changes (MAJCOM enlisted grade allocations, manpower standards/additives, and work center descriptions) with HQ USAF/SGMM.
- 4.11. Coordinates training course development variance requests with HQ USAF/SG and HQ USAF/DP offices.
- 4.12. Solicits nominees to fill enlisted CFM positions from SG Chief Consultant and outgoing CFMs.
- 4.13. Develops and coordinates nomination packages through appropriate AFMS corps representatives and Chief, Medical Enlisted Issues.
- 4.14. Forwards endorsed recommendations on CFM appointments to HQ AFMOA/SGOC.
- 4.15. Sends SG-approved letters and certificates of appointment to MAJCOM/SGs for routing down the chain of command to new CFMs; concurrently, sends information copies to newly appointed CFMs.

4.16. Distributes updated directories/listings of medical enlisted CFMs to key offices in HQ USAF/DP, 2AF/DO, HQ AETC/TT and SG, HQ AFPC, Air Force Occupational Measurement Squadron (AFOMS), USAF School of Aerospace Medicine (USAF/AFMC) and the 882 Training Group (AETC); updated rosters will be distributed annually in conjunction with distribution of the combined Directory of SG Chief Consultants and Medical Enlisted Career Field Managers published and distributed by HQ AFMOA/SGOC.

4.17. Maintains and updates the supplemental distribution list for medical enlisted CFM directories/listings.

## **5. MAJCOM/SG.**

5.1. Considers SG consultants first when MII assistance or HSI augmentation is required.

5.2. Establishes command consultant programs as needed.

**5.3. (Added-AFSPC) The AFSPC Command Surgeon designates qualified individuals as consultants by letter to the selectee.**

**5.4. (Added-AFSPC) HQ AFSPC/SGN is designated the office of primary responsibility for the MAJCOM consultant program. HQ AFSPC/SGN maintains a current roster of selected consultants and publishes a roster listing of all consultants before 1 January of each year.**

**6. Medical Facility Commander (MFC).** Evaluates, identifies, and recommends personnel with exceptional expertise to serve as military consultants.

6.1. Identifies need for CNC visits and coordinates tentative schedule with individual consultant. Sends requests to HQ AFMOA/SGOC.

6.2. Determines need for and type of consultant assistance required for--on site visit or consultation.

## **7. Civilian National Consultants.**

7.1. Provide consultation to the Surgeon General and members of his or her staff on matters of professional interest and immediate concern.

7.2. Advise the Surgeon General on matters relating to patient care, the provision of health services, medical organizations and healthcare programs.

7.3. Participate in Air Force sponsored symposia and seminars to support the continuing education programs of the AFMS.

7.4. Make consultant visits to Air Force medical treatment facilities (MTF). During these visits, consultants will:

7.4.1. Provide professional advice and assistance in developing and revising education and training programs.

7.4.2. Present lectures and conduct teaching seminars in their area of expertise.

## **8. Military Chief Consultants.**

8.1. Serve as primary military representatives for specific medical specialties.

- 8.2. Keep the Surgeon General informed through HQ AFMOA/SGOC about programs issues, trends, recruiting and assignment issues affecting the practice of the specialty.
- 8.3. Maintain currency in, and promote, specialty professional standards.
- 8.4. Provide specialty consultation and training when requested by the HQ USAF/SG, MAJCOM/SG, or MFCs.
- 8.5. Provide specialty consultation for individual patient consultation or patient-care problems.
- 8.6. Provide technical advice and education in support of the military mission.
- 8.7. Provide guidance in planning and programming resources or services.
- 8.8. Review malpractice cases for standard of care determination.
- 8.9. Provide clinical expertise in evaluating adverse action cases.
- 8.10. Assist with Medical Incident Investigations.
- 8.11. Augment Health Services Inspection teams.
- 8.12. Provide clinical guidance to Lead Agents.
- 8.13. Assist in the process by presenting at meetings and recruiting by conducting recruiting interviews.
- 8.14. Represent the specialty for HQ USAF/SG with lay and professional groups in the civilian community and provide feedback to SGO.
- 8.15. Provide career counseling when requested by other members of the specialty.
- 8.16. Provide HQ USAF/SG with reports of on-site visits, meetings and work groups.
- 8.17. Solicits, reviews and recommends nominees to fill additional duty, Medical Enlisted Career Field Manager positions for enlisted specialties that fall under their field(s) of consultant responsibilities. Forwards information on nominees to HQ USAF/SGWP for formal selection/appointment review.
- 8.18. Participate in Graduate Medical Education Selection Board and other conferences as directed by HQ USAF/SG.

## **9. Medical Enlisted Career Field Managers.**

9.1. In addition to the SG consultant responsibilities, enlisted CFMs have primary responsibilities as defined in AFPD 36-22, *Military Training*; AFI 36-2201, *Developing, Managing and Conducting Training*; AFMAN 36-2245, *Managing Career Field Education and Training*; AFI 36-201, *Classifying Military Personnel (Officers and Airmen)*; AFMAN 36-2108, *Airman Classification*; and HQ USAF/DP Year of Training Program Action Directive 93-1. Additional responsibilities are being developed in other Air Force directives and instructions and will be provided to CFMs when available.

### **9.2. CFM Primary Duties and Responsibilities:**

- 9.2.1. Develop and maintain currency of Career Field Education and Training Plans (CFETPs).
- 9.2.2. Act as chairpersons for AFSC Utilization and Training Workshops (U&TWs).

9.2.3. Assist Technical Training Managers and course personnel with planning, developing, implementing, and maintaining all AFSC-specific training courses.

9.2.4. Act as final waiver authority for training/classification requirements (except for ANG/AFRES personnel and active duty two-time CDC failures).

9.2.5. Assist the Air Force Occupational Measurement Squadron (AFOMS) in identifying subject matter experts (SMEs) for Specialty Knowledge Test (SKT) rewrite projects; act as consultant on promotion test content and question validity inquirers.

9.2.6. Assist AFOMS in developing and administering Job Inventory Surveys and interpreting Occupational Survey Report (OSR) data.

9.2.7. Develop, coordinate, and implement career field classification/structure changes.

### 9.3. CFM Secondary Responsibilities:

9.3.1. Role in the Enlisted Assignment Process. The medical enlisted assignment system is the responsibility of HQ AFPC/DPAAD2 and the HQ AFPC/DPAC (Chief's Group). AFCFMs may act as AFSC consultants to MAJCOM, TRICARE Lead Agents, and AFPC assignment managers regarding assignment actions. In this consultant role, they may assist with:

9.3.1.1. Identifying candidates for PCS/PCA/TDY assignments, particularly special duty positions.

9.3.1.2. Advertising position vacancies, especially urgent fill requirements.

9.3.1.3. Resolving staffing imbalances between MAJCOMS and medical treatment facilities.

9.3.1.4. Resolving problems relating to training flow and follow-on assignments.

9.3.1.5. Fielding inquiries pertaining to career progression and classification that are originally routed to AFPC/DPAAAD.

### **NOTE:**

Career field managers do not control assignments and should not be considered as individuals who can manipulate the assignment system.

9.3.2. Role in AFSC Manpower Management. The Surgeon General's Manpower Division, HQ USAF/SGMM, uses a team of medical officer functional advisors to assist with manpower issues. Enlisted CFMs work with their officer counterparts in manpower planning, development, and management processes. Two manpower projects that CFMs will be routinely involved with are 1) helping develop/revise manpower standards/additives and workcenter descriptions; and 2) providing inputs to the Enlisted Grade Allocation by Career Progression Groups (CPG) Review program.

9.3.3. Role in Interservice Training Review Organization (ITRO) Training Consolidation Programs. Due to their role in developing and managing AFSC-specific training, Medical enlisted CFMs will automatically be appointed to ITRO training consolidation Quick Look Groups (QLGs) and Detailed Analysis Groups (DAGs) as the primary enlisted representatives for their specialty unless otherwise approved by HQ USAF/SGWP will notify CFMs of pending formation of QLGs/DAGs that relate to their AFSCs. To request appointment of an alternate ITRO QLG/DAG representative, CFMs must submit a written request to HQ USAF/SGWP which must

include the name, rank, SSAN, duty phone, FAX number, organization address, and E-mail address (if available) of the designated alternate. HQ USAF/SGWP drafts official appointment letters for all Air Force QLG/DAG representatives and forwards copies to the appointees and the ITRO Healthcare Committee (HCC) Support Office. Designated alternates will ensure that their CFMs are informed of QLG/DAG findings and recommendations in order to facilitate changes to Air Force training programs that may result from approved ITRO consolidation efforts.

9.3.4. Role in Establishing Networks of MAJCOM AFSC Functional Managers and Subject Matter Experts. All medical enlisted AFCFMs are encouraged to work with MAJCOM/SGs to establish a network of MAJCOM senior enlisted AFSC functional representatives to perform the following functions/duties:

9.3.4.1. Act as MAJCOM voting representatives at career field Utilization & Training Workshops (U&TWs).

9.3.4.2. Assist with MAJCOM/subordinate unit staffing of responses to taskers relating to their AFSC.

9.3.4.3. Assist CFMs with gathering inputs and data to complete.

9.3.4.4. Assist with dissemination of information regarding Air Force Medical Service plan, policies, programs, and procedures to units within their MAJCOMs.

9.3.4.5. Act as the primary MAJCOM SMEs and technical/clinical consultant for their respective enlisted AFSCs.

9.3.4.6. Assist CFMs and AFOMs with identifying qualified SMEs to assist with development of SKTs and Job Inventory Surveys.

9.3.4.7. Act as the primary MAJCOM reviewer on AFSC-specific, individual training, and classification waiver request packages.

**NOTE:**

Duties and responsibilities outlined above are not all-inclusive and are intended to be guidelines for CFMs and MAJCOM/SGs to use in defining the roles of appointed MAJCOM functional representatives and SMEs. Final approval of MAJCOM functional managers/SMEs and designation of specific duties and responsibilities rests with MAJCOM/SGs. CFMs must coordinate all requests for appointment of MAJCOM functional managers/SMEs with MAJCOM/SGs for approval. It is recommended that all requests for functional manager/SME appointment be accompanied by a list of prospective appointees to facilitate the selection process. CFMs will provide HQ USAF/SGWP a list of approved MAJCOM functional managers/SMEs for inclusion in the Medical Enlisted CFM directory.

9.3.5. Delegation of Medical Enlisted Career Field Manager Duties to Other Individuals. In many instances, the CFM's duties will become extremely time consuming, therefore, delegation of certain task to MAJCOM functional managers or other AFSC senior enlisted personnel will be appropriate in AFSCs with specialty shredouts, CFMs should formally appoint SNCOs to act as shredout consultants. Delegation of CFM duties and responsibilities and appointment of shredout consultants will be done in writing. The CFMs will coordinate delegations of specific duties/responsibilities and shredout consultant appointments with their respective corps chief or associate corps chief and SG Chief Consultants. Information copies of the coordinated and approved documents pertaining to duty delegation will be sent to HQ USAF/SGWP for record keeping

purposes and dissemination to interested agencies. Supervisors must adjust the primary duties, responsibilities, and workload of AFCFMs under their supervision in order to allow them adequate time to devote to their critical roles as CFMs and to minimize the need for delegation of duties.

### ***Section C—Consultant/Career Field Manager Selection Criteria***

#### **| 10. Officer Consultant.**

- 10.1. Must be a senior career AFMS officer who has demonstrated outstanding competence and has full knowledge of the professional and administrative aspects of the specialty.
- 10.2. Must be board-certified in the specialty (if applicable).
- 10.3. Must have an advanced degree in the specialty (if applicable).
- 10.4. Must be privileged and clinically active in specialty (if applicable) with a minimum of 4 years of experience beyond the completion of training.
- 10.5. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility.
- 10.6. Must have two years' retainability.
- 10.7. Must be active in professional and educational activities related to the specialty.
- 10.8. Must meet all Air Force Standards including weight and fitness.

#### **| 11. Enlisted Consultant/Career Field Manager.**

- 11.1. Must be a senior career AFMS senior NCO (MSgt-CMSgt) who has demonstrated outstanding competence and has full knowledge of the professional, technical, and administrative aspects of his/her specialty.
- 11.2. Must have demonstrated competence in positions of increasing professional, clinical/technical, or administrative responsibility.
- 11.3. Should have two years' retainability.
- 11.4. Must have at least 7 years experience in the careerfield.
- 11.5. Must be recommended by SG Chief Consultant for related medical officer specialty and the Chief, Medical Enlisted Issues.
- 11.6. Technical or academic training background (as instructor and/or course developer) highly desirable, but not mandatory.
- 11.7. Must possess a Community College of the Air Force (CCAF) degree in the specialty.
- 11.8. Completion of Air Force Senior NCO Academy correspondence or resident) is mandatory.
- 11.9. Experience as MAJCOM, Lead Agent, Air Staff action officer/staff member highly desirable, but not mandatory.
- 11.10. Must meet all Air Force Standards.

#### **12. Civilian CNCs.**



- 12.1. Must be board-certified in the specialty (if applicable).
- 12.2. Must have an advanced degree in the specialty (if applicable).
- 12.3. Must be active in professional and educational activities related to the specialty.
- 12.4. Must have demonstrated competence in positions of increasing professional, clinical, or administrative responsibility.

**12.5. (Added-AFSPC) Civilian and members of the Guard and/or Reserve may be nominated based on outstanding competence and exceptional support to MHFs in health care activities or as recognition for their support of AFSPC medical programs.**

#### *Section D—Selection Process*

### **13. Military Consultants/Career Field Managers.**

13.1. Specialty requirements are determined by board action at the directorate level of HQ USAF/SG.

13.1.1. One representative from each Corps is a voting member of this board.

13.2. Nominations for Corps specific consultant vacancies will be processed by the appropriate SGO representatives. Enlisted nominations will be processed through the appropriate Corps Chiefs and the Chief, Medical Enlisted Issues. Final corps specific and enlisted consultant/CFM nominees will be submitted to HQ AFMOA/SGOC for coordination to HQ USAF/SG.

13.2.1. Non-corps specific vacancies will be announced by message from HQ AFMOA/SGOC.

13.2.2. Nominations for non-corps specific vacancies will be forwarded to SG board members for review. The nominee with majority of votes will be recommended to SG for selection.

13.3. Length of Service.

13.3.1. Selectees will serve for 3 years from date of selection. At end of 3 years, they may reapply for or be nominated to continue in the role. At this time they will be reconsidered for the positions.

**13.3.2. (Added-AFSPC) A MAJCOM consultant's term will expire upon his/her being permanently assigned to another MAJCOM.**

**13.4. (Added-AFSPC) MHF/CCs and members of the command surgeon's staff may nominate highly qualified military personnel or civilian specialists for selection as consultant to the Command Surgeon.**

**13.4.1. (AFSPC) Nominations must reach HQ AFSPC/SGN by 30 November of each year.**

**13.4.2. (AFSPC) Nominations must be submitted in writing with a current curriculum vitae typed in the format outlined in [Attachment 1](#).**

**13.4.3. (AFSPC) Candidates must also submit a letter of endorsement by their MHF/CC to include the field of specialty they are applying for.**

**13.4.4. (AFSPC) MAJCOM consultants will be selected by the command surgeon following a review of nominations by members of the command surgeon's staff as designated by the command surgeon.**

**13.4.5. (AFSPC) Upon designation by the command surgeon, letters will be distributed through the MHF/CC to the selected individuals.**

**14. Military CNCs.**

14.1. May be nominated by the Surgeon General or may be nominated in writing by the Corps chiefs of the AFMS, directorates within HQ USAF/SG or HQ AFMOA, MAJCOM/SGs, separate operating agency chiefs, or military consultants.

14.2. Must submit current curriculum vitae.

***Section E—Requesting Consultant Services***

**15. Procedures.**

15.1. MFCs may request a consultant visit directly with a military consultant through their commanders or through the consultant's MAJCOM/SG, directly through HQ AFMOA/SGOC.

15.2. The host MTF will fund CNC visits.

15.3. Notification must be submitted to HQ AFMOA/SGOC three weeks prior to visit (Mandatory)

15.4. Each CNC request must include:

15.4.1. Name of CNC and the specialty.

15.4.2. Name of facility and purpose of visit.

15.4.3. Fiscal quarter of proposed visit and length of visit (including travel time).

15.4.4. A brief justification for the visit.

15.4.5. Authorization for use and fund cite (honorarium payment through HQ AFMOA/SGOC) to be used for the temporary duty (TDY).

15.4.6. Organization point of contact.

**15.5. (Added-AFSPC) MAJCOM Consultant Visits.**

**15.5.1. (AFSPC) The requesting MHF/CC should send requests to HQ AFSPC/SGN for approval by the command surgeon. The request should include the specialty required, the reason for the visit, proposed dates, fund cite, and a point of contact who will arrange for billeting and local transportation. Visits by local civilian consultants at no cost to the Air Force do not require formal requests; however, the local MHF/CC will report all such visits. Alternatively, the command surgeon may, at his/her discretion, direct a consultant visit.**

**15.5.2. (AFSPC) HQ AFSPC/SGN will coordinate and schedule the visit in concert with the consultant, the consultant's CC, and the requesting MHF/CC.**

**15.5.3. (AFSPC) Normally, funding is provided by the receiving MHF.**

**15.5.4. (AFSPC) Military or civilian consultants who, in the course of conducting a consultant visit, may be called upon to engage in direct patient care must be awarded clinical privileges in the visited MHF IAW AFI 44-119, para. 3.32. It is the responsibility of the visited MHF/CC to ensure that this requirement is met.**

**15.5.5. (AFSPC)** Each clinical consultant must submit a formal report of the visit within 10 working days of returning to his/her home station. Use the letter format shown in [Attachment 2](#).

**15.5.5.1. (AFSPC)** In addition to the written report, the consultant will provide the MHF/CC and other appropriate executive staff an oral report before departing.

**15.5.5.2. (AFSPC)** Civilian consultants will send reports to the local MHF/CC on their visits. The local MHF/CC will send a copy of all such reports to HQ AFSPC/SGN.

**15.5.6. (AFSPC)** The sending MHF should notify the receiving MHF and HQ AFSPC/SGN promptly when a scheduled consultant visit must be canceled.

#### ***Section F—Administration of the CNC Program***

### **16. Authority to Appoint CNCs.**

16.1. Authority is Title 5 U.S.C. 3109, *Employment of Experts and Consultants*.

### **17. Conditions of Employment.**

17.1. CNCs may be assigned only for temporary or intermittent services.

17.2. CNCs may be appointed to the maximum pay rate allowed by statute.

17.3. To Travel orders are issued for all visits.

17.4. Consultants who are also Federal employees are not authorized an honorarium, but are entitled to receive all other benefits, including travel and per diem payments paid by the requesting facility.

17.5. The facility prepares travel orders. After the visit, the consultant completes DD Form 1351-2, **Travel Voucher or Subvoucher**, and sends the package to HQ AFMOA/SGOC for processing through the accounting and finance office.

#### ***Section G—Submission of Reports***

**18. Report Requirements.** All categories of consultants will submit a report within 30 calendar days of the visit if, in their professional judgment, HQ USAF/SG should be apprised of their observations, opinions, advice, and recommendations. The original should be sent to HQ AFMOA/SGOC, with copies to the MAJCOM/SG and MFC of the facility visited. In addition to the written report, the consultant will provide the MFC and chief of hospital or clinic services with an oral report before departing. (This report is exempt from licensing per AFI 37-124, *Management and Control of Information Reports Requirements*).

CHARLES H. ROADMAN, II, Lt General, USAF, MC  
Surgeon General

**Attachment 1 (Added-AFSPC)  
CURRICULUM VITAE FORMAT**

**Attachment 1 (Added) (Added-AFSPC) Format.**

**AUTHORITY:** 10 U.S.C. 8013; F030 AF A.

**PURPOSE:** To provide information necessary for the selection of consultants to the AFSPC Command Surgeon.

**ROUTINE USE:** For processing activities and approval authority to determine if nominees meet criteria or recognition as consultants to the AFSPC Command Surgeon.

**DISCLOSURE IS VOLUNTARY:** However, if personal information is not provided, no further action can be taken on the application and approval cannot be granted.

**CURRICULUM VITAE**

**1. IDENTIFICATION.**

a. Date:

b. Name: \_\_\_\_\_  
\_\_\_\_\_  
(Last) (First) (MI)

c. Grade:

d. Birthdate:

e. Current Assignment and Office Symbol:

f. Office Phone (DSN):

g. E-mail Address:

**2. BACKGROUND:**

a. Undergraduate Education:

(1) School:

(2) Major:

(3) Degree:

(4) Graduation Date:

b. Professional Education:

(1) School:

(2) Degree:

(3) Graduation Date:

c. Post-graduate Education:

(1) Hospital:

(2) Specialty:

(3) Graduation Date:

d. Professional Specialty Course:

(1) Course Title:

(2) Location:

(3) Graduation Date:

e. Professional Military Education:

(1) Course Title:

(2) Location:

(3) Graduation Date:

**3. LICENSURE AND CERTIFICATION.**

a. Licensure:

(1) State:

(2) License Number:

(3) Expiration Date:

b. Specialty Board Certification:

(1) Specialty:

(2) Certificate Number:

(3) Expiration Date:

c. ACLS Certification:

(1) Expiration Date:

(2) Category:

d. ATLS Certification:

(1) Expiration Date:

(2) Category:

e. Advanced Certifications:

**4. PROFESSIONAL ORGANIZATION MEMBERSHIP.**

**5. HONORS AND EXECUTIVE POSITIONS HELD.**

**6. PUBLICATIONS.**

**7. HOURS OF CONTINUING EDUCATION IN LAST TWO YEARS (LIST).**

**8. OTHER CONTRIBUTORY INFORMATION.**

**Attachment 2 (Added-AFSPC)**  
**FORMAT FOR COMMAND SURGEON CONSULTANT VISIT REPORTS**

**Attachment 2 (Added) (Added-AFSPC) Format.**

<p>(Appropriate Letterhead)</p> <p>MEMORANDUM FOR HQ AFSPC/SGN</p> <p>FROM:</p> <p>SUBJECT: Report of AFSPC Command Surgeon Consultant Visit</p> <ol style="list-style-type: none"><li>1. Record of visit:<ol style="list-style-type: none"><li>a. Facility Visited:</li><li>b. Dates of Visit:</li><li>c. Key Personnel Contacted:</li></ol></li><li>2. Professional evaluation of the medical specialty as it relates to its mission and capability.<ol style="list-style-type: none"><li>a. Observations on the adequacy of professional staff as related to the scope of health care delivery in consultant's specialty.</li><li>b. Observations on the continuing education program within the consultant's specialty.</li></ol></li><li>3. Review of Health Services Inspection discrepancies.</li><li>4. Services rendered as teacher or lecturer.</li><li>5. Specific recommendations made to the visited MHF/CC for improvement of patient care and/or programs within the consultants sphere of expertise.</li><li>6. Career objective counseling rendered.</li><li>7. For clinical consultants only: Recommendations for improving quality assurance and risk management: Each report must include comments on quality assurance or risk management programs relating to the consultant's area of expertise. The report should include which specific areas the consultant examined to provide this judgment, such as inpatient records, outpatient records, committee minutes. Comments should be precise, e.g., specific number of cases or records reviewed, exact period of time reviewed (Jan-Jun 96). Clearly identify cases (register number on the inpatient record) where significant discrepancies are found.</li><li>8. Other observations.</li></ol>	<p>DATE</p>
<p style="text-align: center;">(Signature)</p> <p>Attachment: CHE Attendance Record</p> <p>cc: MHF/CC of Visited Facility MHF/CC of Supporting Facility MAJCOM/SG <i>(when other than AFSPC resource)</i></p>	